

In RE application of D. SHINOHARA et al.

Case Docket No.: NIT-391

Serial No.: 10/644,936

Group Art Unit: 2141

Filed: August 21, 2003

Examiner: R. Serrao

For: METHOD AND PROGRAM FOR DISCLOSING AND PROVIDING SERVICES ON NETWORK

MAIL STOP: AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Request for Continued Examination in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|----------|----------------------------------|----------|---------------------------------|---------------|--------------|----------------|----|---------------------------|----------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Additional Fee | | Rate | Additional Fee |
| Total | * 8 | Minus | ** 20 | = 0 | X 25 | \$ | | X 50 | \$ |
| Indep. | ** 2 | Minus | *** 6 | = 0 | X 100 | \$ | | X 200 | \$ |
| | | | | | X 180 | \$ | | X 360 | \$ |
| | | | | | Total | \$ | | Total | \$0 |

☐ First presentation of Multiple Dependent Claims

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$ 790.00 _____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: March 6, 2007